

Case Number:	CM13-0058384		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2010
Decision Date:	03/21/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old female who reported neck, shoulder and low back pain from injury sustained on 7/12/10. The mechanism of injury is unknown. MRI of right shoulder revealed mild supraspinatus and bicipital tendonitis. MRI of cervical spine revealed C5-C6 disc osteophyte with mild central canal narrowing. X-rays of the cervical spine revealed loss of cervical lordosis. Patient was diagnosed with cervical spondylosis, Status C5-C6 anterior cervical fusion and artificial disc replacement and right shoulder impingement syndrome. Patient has been treated with medication, chiropractic and acupuncture. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Per progress notes dated 9/12/13 "she is not certain she has had any response to the Acupuncture"; neck pain is 5/10, back pain is 3/10. Per notes dated 10/15/13, she is uncertain id this series of acupuncture visits were working due to their sporadic nature; neck pain 4-5/10 and back 4/10. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 6 sessions for the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Per Acupuncture progress notes dated 9/12/13, "she is not certain she has had any response to the Acupuncture". Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.